

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21007

**1. PLACE OF DEATH**

County..... Registration District No. 797  
Township..... Primary Registration District No. 1008  
City..... (No. De Paul Hosp)..... St. .... Ward)

File No.....  
Registered No. 5508

**2. FULL NAME**

Sarah A. Mangon  
(a) Residence, No. 3960 Ashland St., 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas J. Mangon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 8 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

13. NAME Michael Mangon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Dray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Thomas J. Mangon (ADDRESS) 3960 Ashland

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6/21 1932

19. UNDERTAKER H. A. Stock Used Co (ADDRESS) 2117 E. Grand

20. FILED JUN 10 1932 W. C. Starkey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1932

22. I HEREBY CERTIFY That I attended deceased from April 1st, 1932, to June 9th, 1932. I last saw him alive on June 8th, 1932. Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death, and related causes of importance were as follows:  
Sarcina of right Hipbone  
Unannounced

Date of onset May 1932

Other contributory causes of importance:  
Phlebitis

Name of operation Excision and Partial removal Date of operation May 17th  
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) Goldman N. Wilson, M. D.  
(Address) 4105 W. Flourissant Ave

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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